EDITORIAL

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ANTIBIOTIC POLICY

Dermato-venereologists along with their medical and surgical colleagues seem to be pursuing with unabated vigour the utopian "ideal" of total annihilation of bacteria wherever they occur and this therapeutic obsession is not without its penalties. The increasing cost of medicines, of medical care in general and the widespread awareness among the public that many iatrogenic diseases are caused solely by drugs have all contributed in producing a backlash against the medical profession. The lay press appears to bestow keen attention on giving wide publicity to stray cases of sudden death caused by hypersensitivity reaction to injected drugs and this has produced a rather unhealthy fear of drugs among some sections of society, as well as an equally unhealthy fear of departmental or other type of punitive action among the medical practitioners. Many a doctor has confided with me that they have totally stopped giving penicillin injections in their private clinics for even proved syphilis cases for fear of allergic reactions and that they are using tetracyclines which are, no doubt, drugs of inferior utility in the treatment of syphilis. All these and many other problems are confronting us and it is, therefore, urgently necessary that we pause for a moment to re-evaluate the role of antibiotics in dermatological therapeutics.

The prescribing habits of the young doctor who has just passed out of the portals of a medical college are patterned after those of his clinical teachers against the background of knowledge of pharmacology and therapeutics gained from the classroom. It is therefore necessary to inculcate in the medical student the need for correct prescribing habits based on purely scientific principles. Those of us who are medical teachers have an additional responsibility in this regard. There seems to be an overemphasis in our teaching on the so called curative properties of antibiotics to the extent that the young doctor invariably overrates these drugs and does not get the proper perspective on the vital inter-relationship between the invading microbe, the human host and the environment. It is well worth reminding everyone concerned, that after all, the mortality from tuberculosis started falling in Britain well before the advent of streptomycin. The young medical student should be taught all about iatrogenic diseases resulting from overuse, underuse or abuse of antibiotics and must be made aware of the serious consequences of altered ecology resulting from their thoughtless administration. In other words, he must be told that antibiotics are really "dangerous drugs" which while they can cause serious damage to almost all organs in the body, can also be quite useful in annihilating invading microbes if used in the proper dosage for the proper indication. I believe that this kind of emphasis on the

deleterious aspects of antibiotic therapy will not in the long run result in future generation of doctors reverting to the treatment practices of the pre-antibiotic era, but, on the other hand, bring about a laudable curb on the misuse of antibiotics.

The question may be asked: "are we misusing antibiotics?" The answer to this will have to be in the nature of a counter question: "are we following sound pharmacological principles every time we prescribe an antibiotic?" I am sure that an honest answer to this question from the large majority of doctors (including the writer) will be "No, there is room for improvement." If you agree that there is some room for improvement then we could consider what could be done about it.

In the field of Dermato-venereology there is scope for discussion on the following items :—

(1) use of multiple antibiotic and antibiotic-steroid combinations;

(2) "ideal" topical antibiotic;

(3) the necessity for routine cultures and antibiogram atleast in ward patients;

(4) common dermato-venereological conditions requiring systemic antibiotics, their selection, dosage, etc.

(5) dermatological "emergencies" and other unusual situations calling for antibiotic therapy;

(6) place of prophylactic antibiotic therapy in the speciality;

(7) cutaneous hypersensitivity tests and their usefulness;

(8) the expanding problem of development of resistant strains;

(9) toxic and allergic reactions and interactions of commonly used drugs in this speciality and,

(10) the cost of treatment to the patient, to the institution and to the State.

It is not possible to use the most ideal antibiotic in the most ideal manner under all conditions met with in private practice or even institutional practice. It is necessary, however, to follow certain accepted norms in every case. Opinion on these points may differ from doctor to doctor, department to department, institution to institution and region to region, but there should be some guidelines on these matters which should be acceptable to different sections of doctors.

It is not my intention to enumerate here my personal views on indications, contraindications and dosage of antibiotics commonly used in dermatological practice. It is only my humble desire to inform you, if you are already not aware, that the time has come when we must sit up and take notice of the problems connected with antibiotic therapy and form a general policy governing its use. It is equally not my intention to decry antibiotics which have undoubtedly revolutionised the healing art and saved millions of life. I only want to draw your pointed attention to the fact that what was once considered the infallible saviour of lives has now started stealing lives.

As a start, it is most desirable that each department of dermato-venereology formulate its own guidelines regarding antibiotic therapy; as a next step there can be discussions at regional levels and later at national level. The platforms of the I. A. D. V. L. could afford the best venues for such discussions. If we could thus consolidate our collective thinking on this problem, we may have made a significant contribution to the final evolution of a national antibiotic policy.

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